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FILED  
DISTRICT COURT OF GUAM

SEP 26 2006 *PSW*

MARY L.M. MORAN  
CLERK OF COURT

8 IN THE UNITED STATES DISTRICT COURT

9 FOR THE DISTRICT OF GUAM

10  
11 UNITED STATES OF AMERICA, ) CIVIL CASE NO. 06-00018  
12 Plaintiff, )  
13 vs. ) PLAINTIFF'S MOTION  
14 KERINA S. OSHIRO, ) TO SET ASIDE DEFAULT  
15 Defendant. ) JUDGMENT  
16

17 Plaintiff, United States of America, respectfully requests that the Court set aside the  
18 default judgment in this case. In support thereof, Plaintiff states as follows:

19 1. A complaint was filed in this court on July 7, 2006. A copy of the summons and  
20 complaint were served on Defendant by Special Deputy U.S. Marshal Walter Gray at Winchell's  
21 Donut Shop in Mangilao, Guam on July 10, 2006.

22 2. Default judgment was entered in this case on August 8, 2006 in the United States  
23 District Court of Guam.

24 3. On September 5, 2006, the Department of Health and Human Services, Debt  
25 Management Branch, Program Support Center, received from defendant a completed Annual  
26 Payback Activities Certification (APAC), which was a required annual submission under the  
27 National Research Service Award program.

28 //

4. On September 15, 2006, our office received confirmation that the submitted APAC form was approved by the National Research Service Award Payback Service Center, of the National Institutes of Health, Department of Health and Human Services, and the obligation has been satisfied. See Attachment "A."

5. F.R.Cv.P. 55(c) provides:

For good cause shown the court may set aside an entry of default and, if a judgment by default has been entered, may likewise set it aside in accordance with Rule 60(b).

F.R.Cv.P. 60(b) provides:

On motion and upon such terms as are just, the court may relieve a party or a party's legal representative from a final judgment, order, or proceeding for the following reasons: . . . (5) the judgment has been satisfied, released, or discharged . . . or (6) any other reason justifying relief from the operation of judgment.

WHEREFORE, Plaintiff United States of America respectfully requests the Court set aside the Default Judgment entered August 8, 2006.

Respectfully submitted,

LEONARDO M. RAPADAS  
United States Attorney  
Districts of Guam and the NMI

By:

**MARIVIC P. DAVID**  
Assistant U.S. Attorney

Attorneys of the Plaintiff

## Department of Health and Human Services - Public Health Service

**Ruth L. Kirschstein National Research Service Award  
Annual Payback Activities Certification (APAC)**

PLEASE TYPE OR PRINT CLEARLY  
Information in capital letters  
Please use a copy for your files

		OMB No. 0925-0002														
		<p>4 Description of a) health-related research/teaching activities, b) list of research/training areas, and c) source of salary support (total number of hours per week / act and free)</p> <ul style="list-style-type: none"> <li>a Effectiveness of substance abuse prevention interventions with at-risk minority adolescents - Ewa Beach, HI.</li> <li>b Health-behavior research, evaluation research, substance abuse prevention research.</li> <li>c SAMHSA, U.S. Department of HHS (minimum of 20 hours/week)</li> </ul>														
<b>Section I - Payback Status (Check applicable box(es))</b>		<b>Section II - Employment Information When Received in Payback</b>														
<p>1 <input type="checkbox"/> Have not engaged in payback career during reporting period (Complete Section IV)</p> <p>2 <input type="checkbox"/> Have started to engage in payback (Complete Section IV)</p> <p>3 <input type="checkbox"/> Request an extension of the 2-year period to make payback payback or a break in service (check this box if you need an extension to participate in any of the NIH-Lam Research Program, Agency and Hospital of advancement under Section 4, Complete Section IV)</p> <p>4 <input checked="" type="checkbox"/> Have been engaged in continuous payback service during reporting period (Complete Sections I, II and IV)</p>		<table border="1"> <tr> <td>NAME AND ADDRESS OF EMPLOYER</td> <td>NAME OF SUPERVISOR</td> </tr> <tr> <td>School of Social Work - SVWERU</td> <td>Verna Karabots, Ph.D.</td> </tr> <tr> <td>University of Hawaii, Manoa</td> <td>TITLE</td> </tr> <tr> <td>Honolulu, Hawaii 96822</td> <td>Professor, Director of Social Welfare Evaluation Unit - SVWERU</td> </tr> <tr> <td colspan="2">SIGNATURE OF SUPERVISOR OR READER</td> </tr> <tr> <td colspan="2"><i>[Signature]</i></td> </tr> </table> <p>5 <input type="checkbox"/> Retired or deceased or if you, the recipient, are unemployed, provide addressed statement (unreported employment information is accurate)</p>			NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	School of Social Work - SVWERU	Verna Karabots, Ph.D.	University of Hawaii, Manoa	TITLE	Honolulu, Hawaii 96822	Professor, Director of Social Welfare Evaluation Unit - SVWERU	SIGNATURE OF SUPERVISOR OR READER		<i>[Signature]</i>	
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SIGNATURE OF SUPERVISOR OR READER																
<i>[Signature]</i>																
<b>Section III - Payback Service Description</b>		<b>Section IV - Certification of Kirschstein NIH-APSA Recipient</b>														
<p>1 Number of months engaged in payback during this reporting period</p> <p>Dates (month/year - month/year)</p>		<p>I certify that all of the above information are true, complete, and correct to the best of my knowledge (a widely held misconception is a general defense in U.S. Code, Title 18, Section 101)</p> <p>SIGNATURE: <i>[Signature]</i></p> <p>DATE: <i>Sept. 1, 2006</i></p>														
<p>2 Position Title</p> <p>Research Assistant/Evaluation Coordinator</p>		<p>3 Payback Service</p>														
<p>4 <input type="checkbox"/> Full-time position with biomedical or behavioral health-related research, health-related teaching, and/or health-related activities as primary activity</p> <p>b <input type="checkbox"/> Other (check(s)) where biomedical or behavioral health-related research, health-related teaching, and/or health-related activities are a full work year</p>		<p>4 <input type="checkbox"/> Acceptance by PHS official (Leave Blank)</p>														
		<table border="1"> <tr> <td>NAME AND TITLE OF PHS OFFICIAL</td> <td>Extensions of act begin or resume</td> <td>Number of months of acceptable service for reporting period</td> </tr> <tr> <td><i>Michelle Freese</i> Grants Payback Specialist, NRSA, NIH</td> <td></td> <td><i>24 months</i></td> </tr> <tr> <td colspan="2">SIGNATURE</td> <td><i>[Signature]</i></td> </tr> </table>			NAME AND TITLE OF PHS OFFICIAL	Extensions of act begin or resume	Number of months of acceptable service for reporting period	<i>Michelle Freese</i> Grants Payback Specialist, NRSA, NIH		<i>24 months</i>	SIGNATURE		<i>[Signature]</i>			
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SIGNATURE		<i>[Signature]</i>														
		<b>Section V - Recipient Name and Address Update</b>														
		<p>DATE: <i>9/5/06</i></p> <p><i>Kerina S. Oshiro</i></p>														

**NAME AND ADDRESS (Please print in block capital letters from charters)**  
Karla B. Oishi P.O. Box 200, Yigo, Guam 96920

PHYSICAL METAL TESTS